

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Attorney Docket No.:

**59046.000043
(Enz-64(D2))**

In re Application Of Yaron Ilan et al.

Application Number 10/733,686

Filed December 10, 2003

For REGULATION OF IMMUNE RESPONSES BY MANIPULATION
OF INTERMEDIARY METABOLITE LEVELS

Group Art Unit 1648

Examiner Emily M. Le

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.

The requested extension and appropriate fee is as follows:

| | Large Entity | Small Entity | Amount |
|---|--------------|--------------|----------|
| <input type="checkbox"/> One Month | \$ 120.00 | \$ 60.00 | \$ |
| <input type="checkbox"/> Two Month | \$ 450.00 | \$ 225.00 | \$ |
| <input checked="" type="checkbox"/> Three Month | \$1020.00 | \$ 510.00 | \$510.00 |
| <input type="checkbox"/> Four Month | \$1590.00 | \$ 795.00 | \$ |
| <input type="checkbox"/> Five Month | \$2160.00 | \$1080.00 | \$ |

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. **50-0206**. A duplicate of this sheet is attached.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96);

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

June 15, 2007

Date

Kellie L. Carden

Signature

Kellie L. Carden for Robert M. Schulman

Typed or Printed Name

52,696 for 31,196

Registration Number (if applicable)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of _____ form(s) is/are submitted.